## **CLAIMS ONLY**

| SERIAL NO.   | FILING DATE |
|--------------|-------------|
| APPLICANT(S) |             |

CLAIMS

|                 | AS FILED |          | AFT<br>1st AME | ER<br>NDMENT | AFTER 2nd AMENDMENT |          |
|-----------------|----------|----------|----------------|--------------|---------------------|----------|
|                 | IND.     | DEP.     | IND.           | DEP.         | IND.                | DEP.     |
| 1               | 1        |          |                |              |                     |          |
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| 26              |          | 1        |                | ,            |                     |          |
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| 33              |          | 11       |                |              |                     |          |
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| 38              |          |          |                |              | ļ                   |          |
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| 50              |          | Ī        |                |              |                     | Ì        |
| TOTAL           | 2        |          |                |              |                     |          |
| IND.            |          | J 🚅      |                | J 🚗 🔭        |                     | J 📥      |
| DEP.            | 33       |          | <u> </u>       |              | <u> </u>            |          |
| TOTAL<br>CLAIMS | 35       |          |                |              |                     | :        |

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|-------------------------|--|--|--|--|--|----------------|--|
|                         | *  |  | <b>*</b>   |  |  |                |  |
|                         | IND.   | DEP.   | IND.   | DEP.   | IND.   | DEP.           |  |
| 51                      |  |  |  |  |  |                |  |
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| 85<br>86                |  | ļ  | <u> </u>   | ļ  |  | <u> </u>       |  |
| 87                      |  |  | <del> </del>                                     |  |  | -              |  |
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| 96                      |  |  |  |  |  |                |  |
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| 98                      |  |  |  |  |  |                |  |
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| 100                     |  |  |  |  |  |                |  |
| TOTAL<br>IND.           |  |  |  |  |  |                |  |
| TOTAL                   | <del></del>                                      | , <del>-</del>                                   | <b></b>  | · 🖚  |  | <b>—</b>       |  |
| DEP.<br>TÖTAL<br>CLAIMS | <del>                                     </del> |  | <del> </del>                                     |  | <b></b>  |                |  |
| CLAIMS                  |  |  | <u> </u>   |  |  | L              |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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